



Autism Society Ontario ~ York Region Chapter
A.S.K. SUMMER CO-OP DAY CAMP 2004
for individuals ages 4 – 21 living with Autism Spectrum Disorder
Camper Profile (Part 3 of 3)

Please print clearly. This information will be used to develop your child's program and will be held in strictest confidence. Please fill in as completely and honestly as possible.

CAMPER INFORMATION

Camper's Name: _____

Birth Date: Month _____ Day _____ Year _____ Diagnosis _____

Parents/Guardians Names _____

Address _____ City _____ Postal _____

Phone # (_____) _____ Business Phone # (_____) _____

Cell # (_____) _____ E-mail Address for database _____

Who is most likely available during camp hours? Name _____ Contact # (_____) _____

Alternate Contact in Case of Emergency

Phone # (_____) _____ Relationship to Child _____

MEDICAL INFORMATION

Child's Doctor _____ Doctor's Phone # (_____) _____

Known Allergies: _____ Health Card # _____

What should be done if your child is inadvertently exposed to something he/she is allergic to?

PLEASE INDICATE FOR EACH CURRENT MEDICATION

Name of Medication	Dosage	Frequency	Prescribed for

Will your child require medication during camp hours? YES _____ What time? _____ NO _____

It would be best if medication timing could be outside of camp hours, however if this is not feasible, all medication is required to be in the original container with dosage and doctor's name clearly labeled. A separate medication release form will be required prior to administration of any medication.

Does your child currently have seizures?	YES	NO	Has your child ever had seizures?	YES	NO
Currently taking seizure medication?	YES	NO	Does your child wear hearing aids?	YES	NO
Does your child wear glasses?	YES	NO	Any other equipment coming to camp? Describe.	YES	NO

SCHOOL or CENTRE AND SUPPORT SERVICES INFORMATION

Presently attending:

Name of School or Centre: _____
 Address _____
 Phone # _____
 Teachers Names _____

Current Support Agency:

Name of Agency: _____
 Address _____
 Phone # _____
 Contact Person _____

Current Support Agency:

Name of Agency: _____
 Address _____
 Phone # _____
 Contact Person _____

Has your child previously attended	Yes	No	Was it Successful?	Not So Successful	Comments
ASK Camp?					
any other day camp?					
any residential camp?					
Does your child use community mediators?					
in-home overnight respite?					
away from home overnight respite?					

**TO BEST BENEFIT YOUR CHILD, PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE.
ATTACH ANY SCHOOL REPORTS OR ASSESSMENTS THAT YOU FEEL MAY BE USEFUL**

COMMUNICATION

Describe your child's method of communication, i.e. verbal, Facilitated Communication, PCS, writing, sign language, other Augmentative Communication systems, any combination of above, anything else not stated.

How does he/she express wants and needs?

My child understands & follows:

	Verbal	+ Gesture	+ Modeled	+ Prompted	+ Signed	+ Hand over Hand	+ Other
one step directions, such as							
two step directions, such as							
other, such as							

How does your child communicate when hurt or upset?

If Sign Language is used, please indicate:

Signs understood	Signs used regularly

BEHAVIOUR

Please describe all of your child's behaviour management problems and how you deal with these at home.
(i.e. self-abuse, aggression, screaming, excessive crying etc.)

Behaviour	Usually Caused By	Strategies or Approaches Used At Home

	YE S	NO	Comments or Description of Behaviour Strategies or Approaches Used At Home
Does your child run away when not closely supervised?			
Is your child aware of the dangers			
<ul style="list-style-type: none"> • of traffic? 			
<ul style="list-style-type: none"> • of fire? 			
<ul style="list-style-type: none"> • of water? 			
Can your child swim? Please describe abilities, i.e. floats, dog paddle, basic crawl, swims under water etc.			
Do you have concerns for your child in a swimming environment, either a public pool or beach area?			

Does your child have any strong fears or dislikes?			
Does your child have any sensory differences?			
What other behaviours should we know about?			

LEISURE ACTIVITIES

What kinds of activities does he/she engage in with other children when encouraged?

What level of success does this encouragement have ?

	Always	Usually	Sometimes	Not At All
Verbal				
Prompting				
Modeling				
Cueing				
Hand Over Hand				
Gestures				

MOTIVATORS

Foods	Activities	Objects	Always	Usually	Sometimes	Not At All

Other motivators: _____

EATING

We have found that it causes fewer problems if we are consistent with our expectations of all campers regarding snacks and desserts. Our policy is that lunch or a significant (negotiated) portion must be eaten before dessert. If lunch is still refused, it will be offered again before afternoon snack.

If this policy is different from your approach at home, please comment below on how you anticipate your child may react to these expectations.

Please list any foods or snacks your child particularly dislikes.

Does your child ever grab food from the hands or plates of other children or adults? YES ___ NO ___

What do you do at home if this happens?

LEVELS OF INDEPENDENCE

Skill Area	Total Help	Some Help	No Help	Describe
Toileting				
Dressing				
Eating				
Using utensils or fasteners				
Other: _____				

Please indicate which specific skill areas you would like us to help your child maintain or acquire this summer. (i.e. tying up shoes, group participation, restaurant skills, etc.)

1. _____
2. _____
3. _____

My child can:

Read	recognize some words	short sentences	comprehends well	(other)	not at all
Write	can copy	some words from	writes sentences	(other)	not at all

		memory	well		
Count - Use Numbers	with actual objects i.e. coins	from memory	uses numbers routinely	(other)	not at all

Please indicate if there are any seating preference or transportation issues that you would like us to be informed of.

Please describe any limitations that your child may have which would affect his/her ability to participate in daily camp activities.

Please attach any further information or concerns that you would like to share with us.

*We will be contacting your child's school or other service providers for suggested approaches.
Your signature below indicates that we have your permission to contact these professionals for further information, which will be held in strictest confidence.*

Parent/Guardian Signature _____ Date Signed _____, 2003